

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048105

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 517

FILED DEC 19 1962

## 1. PLACE OF DEATH

a. COUNTY

ST. FRANCOIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

BONNE TERRE

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)

BONNE TERRE HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MADISON

c. CITY

OR

TOWN FREDERICKTOWN

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

301 ANTHONY

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

JESSE

Middle

NICHOLAS LA PLANTE

Last

LA PLANTE

## 4. DATE OF DEATH

Month

DEC.

Day

10, 1962

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-12-1893

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months 4 Days 28 Hours Min.

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hust Engineer - lead mines

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

MINE LA MOTTE, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

NICHOLAS LA PLANTE

## 13b. MOTHER'S MAIDEN NAME

FANNIE WHITEAKER

## 14. NAME OF HUSBAND OR WIFE

Edna V. La PLANTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Edna V. La Plante, FREDERICKTOWN, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

36 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Senility

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Severe Arteriosclerosis of Heart

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Nov 19, 1962 to Dec 10, 1962 and last saw him alive on Dec 10, 1962

Death occurred at 4:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

R. A. Huckstep M.D.

## 22b. ADDRESS

Farmington, Mo.

## 22c. DATE SIGNED

12/11/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12-13-62

## 23c. NAME OF CEMETERY OR CREMATORY

Christion CEMETERY

## 23d. LOCATION (City, town, or county)

FREDERICKTOWN, Mo.

## 24. FUNERAL DIRECTOR

SAM NAJIM, Jr., Fredericktown, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

Dec. 11, 1962

## 26. REGISTRAR'S SIGNATURE

Eather Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 21 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 508 Saline  
Fredericktown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.